



COBB COUNTY EMERGENCY MANAGEMENT AGENCY

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CERT STUDENT CLASS EVALUATION QUESTIONNAIRE

This questionnaire is intended for use in CERT Skills Sustainment, Annual Training, and other various CERT classes. If the last four questions are not considered applicable to a particular class, the instructor will advise attendees to insert an NA (not applicable) on those questions. New or additional questions must be submitted to CEMA for approval prior to adding to the student-feedback - questionnaire.

NAME (OPTIONAL) _____ CLASS DATE: _____

INSTRUCTOR: _____ UNIT: _____

Please **answer the following Y=yes, N=no:**

- **Printed Materials** – Did you receive any? _____
- If yes, was the information complete and well organized? _____
- **Audio-Visual Materials** – Were there any? _____
- If yes, were they of good quality and related to the course? _____

Please **rate the following questions from 1 to 5.** (1 = Poor, 3 = Average, and 5 = Excellent)

Instructors:

- a. Knew course material _____
- b. Used time well _____
- c. Covered material well _____
- d. Encouraged participation _____
- e. Answered questions completely _____
- f. Used instructional materials effectively _____
- g. Encouraged student interaction _____

Please **answer the following Y=yes, N=no:**

Course:

- a. Contained useful hands-on activities _____
- b. Covered the material _____
- c. Was worth recommending to others _____
- d. Contributed to your confidence and skills _____

1. What would you like to have offered in future classes?

2. Do you think "self study" sessions (no instructors) would be helpful; and, if so, on what subjects or topics?

3. Would you like to be considered as an instructor, and, if so, on what subjects or topics? *If yes, please include your name at the top of this sheet.*

4. Would you be willing to act as an instructor's assistant? (Y or N) _____
If yes, please include your name at the top of this sheet.

The back of this sheet can be used for additional comments or suggestions.